**Załącznik nr. \_ \_ \_**

PRZEWODNIK DO GROMADZENIA DANYCH O PACJENCIE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **I. Dane o pacjencie** | | | | | | | |
| Nazwisko i imię  (inicjały) |  | Wiek |  | Płeć | * kobieta | | □ |
| * mężczyzna | | □ |
| Oddział |  | | | | Nr sali |  | |
| Stan cywilny | * kawaler/panna | | | | | | □ |
| * żonaty/zamężna | | | | | | □ |
| * wdowiec/wdowa | | | | | | □ |
| * rozwiedziony/rozwiedziona | | | | | | □ |
| * separowany/separowana | | | | | | □ |
| Wykształcenie | * podstawowe | | | | | | □ |
| * zawodowe | | | | | | □ |
| * średnie | | | | | | □ |
| * wyższe | | | | | | □ |
| Zawód |  | | | | | | |
| Miejsce zamieszkania | * miasto | | | | | | □ |
| * wieś | | | | | | □ |

|  |  |  |  |
| --- | --- | --- | --- |
| **II. Sytuacja zdrowotna** | | | |
| Data przyjęcia do placówki |  | | |
| Tryb przyjęcia | * nagły | | □ |
| * planowy | | □ |
| * przeniesiony z innej jednostki | | □ |
| Rozpoznanie lekarskie |  | | |
| Rozpoznanie psychospołeczne |  | | |
| Przebyte choroby |  | | |
| Choroby współistniejące |  | | |
| Czynniki ryzyka choroby |  | | |
| Uczulenia | * nie | | □ |
| * tak | | □ |
| Przyczyny |  | |
| Objawy |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **III. Dane o stanie poszczególnych układów anatomicznych ciała** | | | | | | | | | | | | | | | | | | | |
| **UKŁAD SERCOWO-NACZYNIOWY** | | | | | | | | | | | | | | | | | | | |
| Tętno [HR] | *uderzeń/min* | | | | | | | Akcja serca (miarowość) | | | | | | * nie | | | | □ | |
| * tak | | | | □ | |
| Ciśnienie  tętnicze krwi [RR] | *mmHg* | | | | | | | Sinica skóry | | | | | | * nie | | | | □ | |
| * tak | | | | □ | |
| Obrzęki | * nie | | | | | | | | | | | | | | | | | □ | |
| * tak | | | | | | | | | | | | | | | | | □ | |
| Lokalizacja | | | | | |  | | | | | | | | | | | | |
| Charakter | | | | | |  | | | | | | | | | | | | |
| Inne uwagi |  | | | | | | | | | | | | | | | | | | |
| **UKŁAD ODDECHOWY** | | | | | | | | | | | | | | | | | | | |
| Oddech  (częstość) | */min* | | | Charakter | | | | | * prawidłowy | | | | | | | | | □ | |
| * patologiczny | | | | | | | | | □ | |
| Rodzaj | |  | | | | | | | | |
| Tor oddychania | * piersiowy | | | | | | | | | | | | | | | | | □ | |
| * brzuszny | | | | | | | | | | | | | | | | | □ | |
| Zapach wydalanego powietrza | | | | | | | | | |  | | | | | | | | |
| Duszność | * nie | | | | | | | | | | | | | | | | | □ | |
| * tak | | | | | | | | | | | | | | | | | □ | |
| Rodzaj | | | | * wysiłkowa | | | | | | | | | | | | | □ | |
| * spoczynkowa | | | | | | | | | | | | | □ | |
| Stopień duszności | | | | | |  | | | | | | | | |
| Drożność dróg oddechowych | * prawidłowa | | | | | | | | | | | | | | | | | □ | |
| * zaleganie wydzieliny | | | | | | | | | | | | | | | | | □ | |
| Kaszel | * nie | | | | | | | | | | | | | | | | | □ | |
| * tak | | | | | | | | | | | | | | | | | □ | |
| Charakter kaszlu | | | | |  | | | | | | | | | | | | | |
| Inne uwagi |  | | | | | | | | | | | | | | | | | | |
| **UKŁAD NERWOWY** | | | | | | | | | | | | | | | | | | | |
| Stan świadomości | | * pełna | | | | | | | | | | | | | | | | □ | |
| * senność | | | | | | | | | | | | | | | | □ | |
| * zamroczenie | | | | | | | | | | | | | | | | □ | |
| * śpiączka | | | | | | | | | | | | | | | | □ | |
| Kontakt słowny | | * prawidłowy | | | | | | | | | | | | | | | | □ | |
| * zaburzenia mowy | | | | | | | | | | | | | | | | □ | |
| * brak kontaktu | | | | | | | | | | | | | | | | □ | |
| Sen | | * prawidłowy | | | | | | | | | | | | | | | | □ | |
| * trudności z zasypianiem | | | | | | | | | | | | | | | | □ | |
| Rodzaj | | | |  | | | | | | | | | | | | | |
| * bezsenność | | | | | | | | | | | | | | | | □ | |
| Inne uwagi | |  | | | | | | | | | | | | | | | | | |
| **FUNKCJONOWANIE ZMYSŁÓW** | | | | | | | | | | | | | | | | | | | |
| Wzrok | | * prawidłowy | | | | | | | | | | | | | | | | □ | |
| * niewidzenie | | | | | | | | | | | | | | | | □ | |
| * okulary/soczewki | | | | | | | | | | | | | | | | □ | |
| * niewidomy | | | | | | | | | | | | | | | | □ | |
| Słuch | | * prawidłowy | | | | | | | | | | | | | | | | □ | |
| * niedosłuch | | | | | | | | | | | | | | | | □ | |
| * aparat słuchowy | | | | | | | | | | | | | | | | □ | |
| * głuchota | | | | | | | | | | | | | | | | □ | |
| Uwagi | | | |  | | | | | | | | | | | | | |
| Czucie dotyku | | * prawidłowe | | | | | | | | | | | | | | | | □ | |
| * ubytki czucia | | | | | | | | | | | | | | | | □ | |
| Czucie temperatury | | * prawidłowe | | | | | | | | | | | | | | | | □ | |
| * ubytki czucia | | | | | | | | | | | | | | | | □ | |
| Uwagi | | | |  | | | | | | | | | | | | | |
| Występowanie  bólu | | * nie | | | | | | | | | | | | | | | | □ | |
| * tak | | | | | | | | | | | | | | | | □ | |
| Charakter bólu | | | |  | | | | | | | | | | | | | |
| Nasilenie | | | |  | | | | | | | | | | | | | |
| Lokalizacja | | | |  | | | | | | | | | | | | | |
| **UKŁAD POKARMOWY** | | | | | | | | | | | | | | | | | | | |
| Łaknienie | | * prawidłowe | | | | | | | | | | | | | | | | □ | |
| * zmniejszone | | | | | | | | | | | | | | | | □ | |
| * brak | | | | | | | | | | | | | | | | □ | |
| * wzmożone | | | | | | | | | | | | | | | | □ | |
| Pragnienie | | * prawidłowe | | | | | | | | | | | | | | | | □ | |
| * zmniejszone | | | | | | | | | | | | | | | | □ | |
| * wzmożone | | | | | | | | | | | | | | | | □ | |
| Sposób  odżywiania | | * doustny | | | | | | | | | | | | | | | | □ | |
| * przez sondę | | | | | | | | | | | | | | | | □ | |
| * parenteralnie | | | | | | | | | | | | | | | | □ | |
| Rodzaj diety |  | | | | | | | | | | | | | | | | |
| Stan  jamy ustnej | | * prawidłowy | | | | | | | | | | | | | | | | □ | |
| * ubytki w uzębieniu | | | | | | | | | | | | | | | | □ | |
| * proteza | | | | | | | | | | | | | | | | □ | |
| * zmiany na śluzówkach | | | | | | | | | | | | | | | | □ | |
| Połykanie | | * prawidłowe | | | | | | | | | | | | | | | | □ | |
| * zaburzone | | | | | | | | | | | | | | | | □ | |
| Wydalanie  stolca | | * prawidłowe | | | | | | | | | | | | | | | | □ | |
| * zaparcia | | | | | | | | | | | | | | | | □ | |
| * biegunki | | | | | | | | | | | | | | | | □ | |
| * nietrzymanie stolca | | | | | | | | | | | | | | | | □ | |
| Dolegliwości  dyspeptyczne | | * trudności w połykaniu | | | | | | | | | | | | | | | | □ | |
| * zgaga | | | | | | | | | | | | | | | | □ | |
| * odbijanie | | | | | | | | | | | | | | | | □ | |
| * nudności | | | | | | | | | | | | | | | | □ | |
| * wymioty | | | | | | | | | | | | | | | | □ | |
| * wzdęcia | | | | | | | | | | | | | | | | □ | |
| **UKŁAD MOCZOWO-PŁCIOWY** | | | | | | | | | | | | | | | | | | | |
| Wydalanie  moczu | | * prawidłowe | | | | | | | | | | | | | | | | □ | |
| * zaburzone | | | | | | | | | | | | | | | | □ | |
| * nietrzymanie moczu | | | | | | | | | | | | | | | | □ | |
| * trudności w oddawaniu moczu | | | | | | | | | | | | | | | | □ | |
| * założony cewnik do pęcherza moczowego | | | | | | | | | | | | | | | | □ | |
| Ilość wydalanego moczu | | | | | ml/dobę | | | | Barwa moczu | | | | | |  | | |
| Inne objawy | |  | | | | | | | | | | | | | | | | | |
| **SKÓRA** | | | | | | | | | | | | | | | | | | | |
| Stan higieniczny | | * dobry | | | | | | | | | | | | | | | | □ | |
| * zadowalający | | | | | | | | | | | | | | | | □ | |
| * zły | | | | | | | | | | | | | | | | □ | |
| Zmiany  skórne | | * nie | | | | | | | | | | | | | | | | □ | |
| * tak | | | | | | | | | | | | | | | | □ | |
| Rodzaj |  | | | | | | | | | | | | | | | | |
| Lokalizacja |  | | | | | | | | | | | | | | | | |
| Stan higieniczny włosów i paznokci | | * dobry | | | | | | | | | | | | | | | | | □ |
| * zadowalający | | | | | | | | | | | | | | | | | □ |
| * zły | | | | | | | | | | | | | | | | | □ |
| Inne uwagi | |  | | | | | | | | | | | | | | | | | |
| **STAN ODŻYWIANIA** | | | | | | | | | | | | | | | | | | | |
| Ciężar ciała | | Waga | /kg | | | | Wzrost | | | /cm | | Wskaźnik BMI | | | kg/m2 | | | | |
| Należna masa ciała | | | | |  | | | | | | | | | | | | |
| * w normie | | | | | | | | | | | | | | | | | □ |
| * niedowaga | | | | | | | | | | | | | | | | | □ |
| * nadwaga | | | | | | | | | | | | | | | | | □ |
| * otyłość | | | | | | | | | | | | | | | | | □ |
| Ocena zagrożenia odleżyną | | Ocena ryzyka według Skali | | | | |  | | | | | | Liczba punktów | | |  | | | |
| **IV. Kategoria opieki / zdolność samoobsługi** | | | | | | | | | | | | | | | | | | | |
| * Kategoria I (opieka minimalna – pacjent samowystarczalny) | | | | | | | | | | | | | | | | | | | □ |
| * Kategoria II (opieka umiarkowana – pacjent wymagający pomocy i stymulacji) | | | | | | | | | | | | | | | | | | | □ |
| * Kategoria III (opieka wzmożona – pacjent obłożny) | | | | | | | | | | | | | | | | | | | □ |
| * Kategoria IV (opieka intensywna) | | | | | | | | | | | | | | | | | | | □ |
| **V. Stan psychiczny** | | | | | | | | | | | | | | | | | | | |
| Nastrój | | * wyrównany | | | | | | | | | | | | | | | | | □ |
| * obniżony | | | | | | | | | | | | | | | | | □ |
| * podwyższony | | | | | | | | | | | | | | | | | □ |
| Uzasadnienie  (przyczyna) | |  | | | | | | | | | | | | | | | | | |
| Reakcja na aktualną sytuację zdrowotną | |  | | | | | | | | | | | | | | | | | |
| **VI. Sytuacja rodzinno-społeczna** | | | | | | | | | | | | | | | | | | | |
| Mieszkanie | | * sam (a) | | | | | | | | | | | | | | | | | □ |
| * z rodziną | | | | | | | | | | | | | | | | | □ |
| Warunki mieszkaniowe (niedogodności) | |  | | | | | | | | | | | | | | | | | |
| Osoba opiekująca się pacjentem w środowisku domowym | |  | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| Data i podpis studenta/tki |  |